Ken C. Winters, Ph.D. Associate Professor Department of Psychiatry University of Minnesota winte001@umn.edu 612-273-9815

Good morning esteemed members of the Senate. As a researcher in the field of youth problem gambling, I appreciate having this opportunity to offer my points of view. My background includes a 10-year history of actively researching youth gambling, including a recent study funded by the National Center for Responsible Gaming. I was a member of the National Research Council's Committee on the Social and Economic Impact of Pathological Gambling. This committee was commissioned to prepare the research report for Congress and the National Gambling Impact Study Commission. Also, I am assisting the National Association of Student Personnel Administrators in their efforts to organize a national survey of gambling on college campuses.

First, I want to clarify my position on gambling. I am not anti-gambling. I recognize this industry as a legitimate form of recreation. However, I am dismayed by the fact that gambling has expanded so fast in the past decade that health officials and law makers have not been able to adequately respond to the fact that some individuals fall victim to the lure of gambling. Also, it has been very difficult for the experts to provide a reliable estimate of the expected social and health impacts of this expansion, or to evaluate the short-term costs that may or may not have already occurred.

Nevertheless, in the brief time that I have today, I wish to briefly summarize three main findings from the research literature concerning gambling by college students. It is important to place this research knowledge base in the context of the debate on banning amateur sports betting.

Issue Number One: Placing bets for money, particularly social and informal betting, is common on college campuses. It appears that the extent of gambling involvement by most students is probably quite benign. However, a small, but appreciable, percent of college students over-indulge at a serious level. These students can be legitimately classified as problem or pathological gamblers.

The best estimate of the rate of problem gambling among college students is between 3 and 5%. The characteristics that are often associated with

problem gambling status are 1) being a male, 2) being a heavy alcohol user or a user of other drugs, 3) having average to below average grades, and 4) having at least one parent with a current or past gambling problem.

Issue Number Two: Research indicates that the games most often played by college students are informal games that do not involve the provision of any sanctioned or legal venue. These games include playing cards with friends, betting on games of personal skill, and sports betting. Students who are problem gamblers typically participate in these games as well.

Thus, placing a bet on the outcome of a sporting event by a typical college student most often is a very social phenomenon that occurs without placing a legal bet in Nevada. Also, it is likely that the pattern of sports betting by college students mirrors the pattern found among adults: That is, it increases during the time of high-profile sporting events, such as the Super Bowl and the NCAA basketball tournament.

An important unknown to this issue of game preference is Internet gambling by college students. We may be seeing just the tip of the iceberg with this new form of gambling. Clearly, college students with an interest in sports betting may readily gravitate to the Internet to satisfy their habit.

Issue Number Three: There is a great need to increase the awareness among college administrators about the potential effects of gambling on the health and well being of college students.

More data are still needed from campuses across the country regarding the extent and nature of problem gambling. We still do not have an adequate understanding as to the onset and course of gambling in general, and the development of problem gambling, in particular. Also, we know so little as to how involvement in specific games, such as sports betting, contributes to problem gambling.

A related topic is to convince student health clinics to regularly screen for gambling problems among students who present for mental health or chemical dependency problems. One of the most reliable findings from the National Research Council's report was that problem gambling is highly associated with other behavioral disorders, particularly depression, alcoholism, and drug addition. For example, the elevated risk for problem gambling is about five-fold among those with a substance-use disorder compared to those without a substance use disorder. But it is likely that problem gambling goes undetected in the majority of these co-disordered cases because screening for gambling problems is not yet a routine part of

student health clinics. A related issue is for colleges to develop and implement health awareness campaigns.

Final Comments: I began by raising the question that this country is not directing a sufficient share of the health care spotlight on the incredible expansion of gambling. It is my hope that this committee will take a leadership role to increase the country's sensitivity to the many health issues surrounding problem and pathological gambling among our young people. Thank you.

Ken C. Winters, Ph.D.
Associate Professor
Department of Psychiatry
Director, Center for Adolescent Substance Abuse Research
University of Minnesota Medical School
F282/2A West
2450 Riverside Avenue
Minneapolis, MN 55454-1495
612-273-9815
612-273-9779 (fax)